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**GUNSHOT WOUND OF THE ABDOMEN DURING  
PREGNANCY; RECOVERY.**

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WHILE Mrs. M., twenty-one years old, in the sixth month of pregnancy, was oiling a 32-caliber revolver, it accidentally went off. The ball struck a steel of her corset, was deflected, and entered the abdominal cavity on a line drawn from the left nipple to the anterior superior spine of the right ilium, three inches from the ensiform cartilage, thence it pursued an upward, backward, and outward course—passing through the skin, superficial fascia, the external and internal obliquus and transversalis muscles, both layers of the peritoneum, the external border of the central tendon of the diaphragm, one inch from the apex of the heart, the pleura, and lung, and became lodged in the lung at the posterior border of the serratus magnus muscle.

I was called five minutes after the accident. The woman, unable to lie down, was sitting on a couch, faint. I gave her a dram of whiskey in hot water. In a few minutes she could lie down on the couch. She immediately began to expectorate bloody, frothy mucus, and was in great pain. I gave morphine hypodermatically, and she could then lie on her side. There was some shock. The pulse was quick and strong. The woman was remarkably cool and self-possessed, and did not seem to fear the outcome of the accident. There was very little hemorrhage from the external wound, but more through the bronchial tubes.



I dressed the external wound antiseptically. After picking away foreign particles I washed the wound thoroughly with a solution of boric acid, dusted boric acid over the surface, and applied borated gauze and adhesive straps. The left half of the chest was strapped, to secure as complete immobility as possible. I directed the patient to lie upon the right side, so as to secure drainage through the bronchial tubes and the external wound. The chest was raised higher than the hips. I ordered some whiskey punch. The cough was very distressing. For its relief I gave a mixture containing syrup of squills, morphine, glycerin, chloroform, and hydrocyanic acid.

The pulse was 90, the temperature  $100^{\circ}$ , the respiration 25. The breathing was of superior costal type, and shallow. The bowels had acted on the morning of the accident. There was no vomiting. The stomach was empty. There was very little nervous disturbance. The woman was cheerful. At 9 P.M. I prescribed syrup of ipecacuanha and opium. The patient slept fairly well. I saw her every two hours on the following days. At 12 midnight the temperature was  $100.5^{\circ}$  F. At 2 A.M. the patient coughed up some bloody, tenacious sputa. Expectoration was difficult on account of pain. The pulse was 100, the temperature  $100.5^{\circ}$  F. Headache was complained of. I administered a powder of acetanilide and caffein citrate, which afforded relief. The woman took some nourishment, including milk toast and a poached egg. After eating, I gave her pepsin and dilute hydrochloric acid to lessen peristalsis and aid digestion. Before eating, I gave her a capsule of iron chloride and glycerin. In case of traumatism and in pregnancy the white blood-corpuscles are increased, the red ones diminished in number, and the proportion of hemoglobin is diminished. Iron is therefore indicated. A greater amount of sodium chloride was added to the food than usual. Sodium chloride exerts a beneficial influence in cases of penetrating wounds of the thorax. Fetal move-

ments were first felt during the day. The respirations were 28 in the minute. Diaphragmatic breathing was almost entirely wanting on the left side. The urine was high-colored and loaded with urates, uric acid, and phosphates; the chlorides were diminished.

There was no flatulence. The patient was absolutely quiet. At 9 P.M. the temperature was  $100.8^{\circ}$ , the pulse 100, of high tension, hard and wiry. Symptoms of localized peritonitis appeared. I ordered hot applications to the epigastrium, and gave powders of ipecacuanha and opium. There was no vomiting. The heart-sounds were intensified. I gave acetanilide, and the pulse became softer. During the night the cough-mixture was repeated twice. On the following morning the sputum was muco-sanguineous; the temperature was  $99.8^{\circ}$ . The patient still lay on the right side. She took egg-nog and toast, and passed a good day. I dressed the external wound. There was no suppuration, but evidence of occlusion of the external wound, which I dusted with boric acid and covered with borated gauze. At 11 P.M. there was great thirst, and the temperature was rising. There was more cough, and the breathing was panting and accelerated to 32 per minute. The face was flushed; the temperature was  $101.5^{\circ}$ . Evidences of pleuro-pneumonia appeared. By means of acetanilide and caffeine citrate, I kept the temperature within  $100^{\circ}$  F. On the following day there was some sweating. The fever was less. The urine was scanty and high-colored. The appetite was good. The patient took milk and lime-water. At 5 A.M. I gave potassium acetate. At 11 A.M. the urine was increased in quantity. The proportion of potassium salts and chlorides was increased. Thirst was relieved by small pieces of ice in mouth. At 9 P.M. the temperature was  $101^{\circ}$  F.; cough had increased; the pulse was 100, bounding and full. The woman got some sleep during the day. The urine contained no albumin; its specific gravity was 1030. There was no pleuritic

effusion. Some crepitation was to be heard. The respirations were 32, panting. Bronchophony was evident. Percussion revealed no abnormality. On auscultation, dry, crackling, and crepitant râles were heard at the end of inspiration. The patient did not sleep well that night.

On the morning of the next day the pulse was 96, the temperature 100.6°. The sputum was rusty. The woman took nourishment. There was slight dulness on percussion over the left lung. At 12 o'clock noon the woman took nourishment and some castor oil. There was slight dulness over the left lung, with increased vocal resonance in a localized area. The breathing was bronchial, 28 times to the minute. Moist râles and some gurgling were heard, but no bronchophony. The sputum was rusty and muco-purulent. No pneumonia-cocci were found, and but few pus-cells. In the afternoon the expectoration was easier and contained some broken-down tissue. On the next day the temperature was 100°, the patient slept better, and cough required less effort. A day later the temperature was 99.6°. The patient took milk and eggs. The sputum was muco-purulent. The external wound showed signs of cicatrization. The greater part of the drainage was evidently taking place through the lung. Strong coffee was ordered as a beverage to stimulate the arterial system, especially the uterine arterial system, and to lessen the amount of blood at the seat of injury.

The pregnancy seemed to exert a favorable influence on the outcome. The cutaneous circulation was good. Perspiration was free. The temperature was 99°, the respiration was 24; inspiration was deeper. On the next day the temperature was 98.8°, the pulse 80. Backache was relieved by massage. In the evening the temperature was 99°. Mucous râles and cavernous sounds were heard over the course of the bullet. The sputa was light in color, the breathing deeper—24 times per minute—and without pain. The affected side could now be



moved. The movements of the fetus were again perceived. I could locate the ball, but at no time could detect amphoric breathing or gurgling over the site. There was perfect drainage through the lungs; consequently there was no indication for making an incision and extracting the ball, with the risks of infection. The ball finally became encysted. It caused no pain or inconvenience whatever. On the following day the temperature was  $98.8^{\circ}$  F., with very little cough. The appetite was good. The external wound was cicatrized. There was no pain on inspiration. The urine contained an increased amount of chlorides. The phosphates, uric acid, and kreatin were diminished. The evening temperature was  $98.6^{\circ}$ . On the next day the temperature was  $98.4^{\circ}$ . The patient was now convalescent, and sat up. Sixteen weeks later she gave birth to a perfectly formed and healthy female child, weighing seven pounds.

